

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
PROTECTIVE CUSTODY PLACEMENT AND RELEASE REPORT

OFFENDER NAME: _____ **JIRMS#:** _____

ASSIGNED HOUSING: _____

SMI/MR: ☐ Yes ☐ No

PROTECTIVE CUSTODY PLACEMENT INFORMATION

Date Placed in Protective Custody: _____ **Time Placed in Protective Custody:** _____ AM/PM

Placement Requested By: _____ (Name / Title) **Placement Reviewed By:** _____ (Shift Supervisor)

Reason for Placement in Protective Custody: (Be specific)

Was There a Need to Contact Mental Health Staff Due to Offender's Classification (MR/MI): ☐ YES ☐ NO

Mental Health Staff Contacted at: _____ AM / PM

Supervisor's Signature: _____ (Name/Title)

SERIOUS MENTAL ILLNESS / MENTAL RETARDATION ASSESSMENT
(to be completed if offender is seriously mentally ill or mentally retarded)
(if not-applicable write N/A across this section)

☐ Serious Mental Illness

☐ Mental Retardation

Time of Offender Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM

If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: ☐ YES ☐ NO

Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: ☐ YES ☐ NO

Assessment Conducted By: _____ (Name / Title)

DOCUMENT DAILY MENTAL HEALTH ASSESSMENT OF OFFENDER ON BACK OF FORM

RELEASE FROM PROTECTIVE CUSTODY INFORMATION

Date Released From Protective Custody: _____ **Time Released From Protective Custody:** _____ AM / PM

Offender Released From Protective Custody By: _____ (Name / Title)

Officer's Signature: _____ (Name / Title)

ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	COMMENTS
Copy of Request for Protective Custody			
Removal From Programming Report, if applicable			

Unit Supervisor's Signature: _____ (Name / Title) **Date:** _____